

4th Estate AT&L Waiver Tool



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**Fort Belvoir, VA
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AT&L Workforce Waiver System

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User Access

Request User ID

Request User ID



Instructions: Please fill out the form below to request user access to create AT&L waivers.

Request User ID

Component

Approval Type

☒ Manager ☐ Requesting Official

First Name MI Last Name

Phone - - ext.

Fax - -

Email

Comments (1000 character limit)

Submit Request

Request User ID



Component:	<input type="text"/>
User ID:	<input type="text"/>
Password:	<input type="text"/>

Logon

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Update Position Requirements Waiver

 Instructions: Refer to the DoD Desk Guide and DoD Component procedures when filling out this form.

Open as PDF - Requirement 1

Open as PDF - Requirement 2

Position Requirements Waiver

Part I - Routing/Coordination

From

Component Organization/Office Symbol

Street

City

State Zip Code

Coordination/Via

First Name MI Last Name

Title Organization

Phone ext

Coordination/Via

First Name MI Last Name

Title Organization

Phone ext

To (Waiver Approval Authority)

Component Organization/Office Symbol

Street

City

State Zip Code

Part II - Position Data

Position Number

Position Title

Required Payplan **Required Pay Grade** / **Rank**

UIC **OCC Series/Specialty**

AT&L Position Category

Required Certification Level **Position Type**

Special Acquisition Assignment **Program Type**

Part III - Identification/Personal Data

SSN - -

First Name **MI** **Last Name**

Pay Plan **Pay Grade** / **Rank**

Part IV - Waiver Type/Waiver Information

Position Requirement To Be Waived (Select all applicable and explain in block Reason/Explanation)

Requirement 1

Requirement Certification



Due To Absence of Required (Select all applicable and explain in block Reason/Explanation)

Education Degree



Training (Check all that apply)

☐ N/A

☒ Program Manager's Course

☒ Executive Program Manager's Course

☐ DAU Certification Course(s)

Experience (Check all that apply)

☐ N/A

☐ Minimum required for certification to position level

☒ 4 years acquisition experience (CAPs)

☐ Served as a PM or DPM (PEOs)

☒ 4 years experience on a CAP (PEOs & Flag/GO/SES)

☐ 10 years acquisition experience (PEOs & Flag/GO/SES positions)

☐ 8 years acquisition experience (ACAT I & IA PMs)

☐ 6 years acquisition experience (ACAT I & IA Deputy PMs)

☐ 6 years acquisition experience (ACAT II PMs)

☐ 4 years acquisition experience (ACAT II DPMs)

☐ 4 years of contracting experience (Senior Contracting Officials)

☐ 2 years experience in an acquisition program office (ACAT I & IA PMs/DPMs)

☐ 2 years contracting experience (Contracting Officer above SAT)

Duration of Assignment ☒

Target Date For Meeting Requirement(s)

Reason/Explanation (Explain the exceptional circumstances justifying the waiver. For Position Requirements Waivers, also address the individual's ability to perform in the position while working to achieve the standards)

This is a test for block 18 comments. Lets see how many characters will be transfered over to the second page. This is a Position Waiver that has two different requirements with deficiencies. This is a test for block 18 comments. Lets see how many characters will be transfered over to the second page. This is a Position Waiver that has two different requirements with deficiencies.

Requesting Official

First Name **MI** **Last Name**
Pay Plan **Pay Grade** / **Rank**
Title **Organization**
Phone - - **ext**
Date

Requesting Official Waiver Point of Contact

First Name **MI** **Last Name**
Title **Organization**
Phone - - **ext**

Part V - Disposition

Approving Official

First Name **MI** **Last Name**
Pay Plan **Pay Grade** / **Rank**
Title **Organization**
Phone - - **ext**

☐ **Approved** ☒ **Disapproved**

Date Approved/Disapproved

Comments (if required)

This is a test for block 22 comments. Lets see how many characters will be transfered over to the second page. This is a Position Waiver that has two different requirements with deficiencies.

Update Waiver

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Waiver Confirmation

You have successfully saved the Position Requirements Waiver for Randa Hall

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Tenure Waiver



Note: The following actions are acceptable deviations to the three year CAP (Non-KLP) Tenure and do not require a waiver: Promotion; reassignment to a command/command-equivalent position; separation; retirement; removal for cause; reduction-in-force; mobilization; assignment to military theater/zone of operation; elimination of position; reassignment due to program cancellation, merger, or organizational realignment.

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Tenure Waiver

Instructions: Refer to the DoD Desk Guide and DoD Component procedures when filling out this form.

Tenure Waiver

Part I - Routing/Coordination

From

Component Organization/Office Symbol

Street

City

State Zip Code -

Coordination/Via

First Name MI Last Name

Title Organization

Phone - - ext

Coordination/Via

First Name MI Last Name

Title Organization

Phone - - ext

To (Waiver Approval Authority)

Component Organization/Office Symbol

Street

City

State Zip Code -

Part II - Position Data

Position Number

Position Title

Required Payplan / Required Pay Grade / Rank

UIC OCC Series/Specialty

AT&L Position Category

Required Certification Level Position Type

Special Acquisition Assignment Program Type

Part III - Identification/Personal Data

SSN - -

First Name MI Last Name

Pay Plan / Pay Grade / Rank

Part IV - Waiver Type/Waiver Information

Specify current and requested release date and explain in block Reason/Explanation

Current Tenure Expiration Date: / /

Requested Release Date From Tenure: / /

Reason/Explanation (Explain the exceptional circumstances justifying the waiver.)

Requesting Official

First Name MI Last Name

Pay Plan / Pay Grade / Rank

Title Organization

Phone - - ext

Date / /

Requesting Official

First Name MI ☐ Last Name
Pay Plan / Pay Grade / Rank
Title Organization
Phone - - ext
Date / /

Requesting Official Waiver Point of Contact

First Name MI ☐ Last Name
Title Organization
Phone - - ext

Part V - Disposition

Approving Official

First Name MI ☐ Last Name
Pay Plan / Pay Grade / Rank
Title Organization
Phone - - ext
☒ Approved ☐ Disapproved
Date Approved/Disapproved / /

Comments (if required)

Save Waiver

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User Access

Request User ID

Waiver Confirmation

You have successfully saved the Tenure Waiver for Stacey Miler